

## REPORT OF DEATH INVESTIGATION

Central Office Use Only
(Date of Receipt)
(DOD Code)
(COD Code)
(ME Case Number)
OCCUPATION (Please fill in both parts)
TYPE OF WORK:
(Example: machinist, typists, fireman, farmer,
salesman, homemaker)
INDUSTRY:
(Example: textile,
banking, fire dept., farming, insurance,
home)
No Occupational Information
REMISES
vay, hospital, etc.)
<del></del>
□ NOT VIEWED
DD SAMPLE DRAWN:
ny not?:
death described herein I took charge cause of death in accordance with nformation contained herein regard- st of my knowledge and belief.
edical Examiner)
(Your Number)
n at all nossible

DECEDENT	(First	Name)	(Middle Name)	(La:	st Name)	(Jr., Sr	III etc.)	_	
ADDRESS:	(1113)		(Mindie Maine)	(La:		101., 01			
							.,, σ.σ.,		(COD Code)
	(Number & Street or Route, Box No.)		ox No.)	(City, State)		(County)		(N	fE Case Number)
		INFO	RMATION ABOUT DE	CEDENT AND	DESCRIPT	ION OF E	BODY		
AGE (If less than 2		ŞEX	CLOTHING	BODY TEMP	ERATURE	BLOOD	FROTH	OCCUP	
give months	fr days)		Clothed	Warm		Nose	Present	(Please fill in	both parts)
Fem		Female	Partly Clothed	Cool		☐ Mouth	Absent	TYPE O	F WORK:
Date of Birth / / Undet		Undetermine	ed Unclothed	Cold	(if taken)	Ears			
MARITAL STA	ATUS	HEAD-HAIR	EYES:			Clothing		(Example: machinist,	
Married		None	Color	RIGOR		☐ None	<del>-</del>		nan, farmer, omemaker)
Never Marrie	d	Partly Bald	R L <b>WEIGHT</b> :	IOUT.		OTHER			
Widowed		Blonde	WEIGHT.	☐ Neck 0		(Dirt, wat	er, etc.)	INDUST	RY:
Divorced		Brown			1+ 2+ 3+ 1+ 2+ 3+	☐ Nose ☐ Mouth			
Separated		Red	LENGTH:	Legs 0	17 27 37	☐ Ears		(Example: te	extile,
Unknown		Black	**************************************	LIVOR		□ None		banking, fire farming, ins	
RACE		Grey	MISCELLANEOUS:	Color				home)	arbites,
White		White		Fixed? Yes	□No		OSITION	o	
Black		OTHER HAIR		Anterior		☐ Early ☐ Advanc	ad		cupational ermation
Hispanic		Mustache		Posterior		None	,eu		
Other		Beard	Circumcised	Lateral					
			INFORMATIO	N ABOUT OC	CURRENCE				
ITEM	DATE	TIME	LOCATION		COUNTY	T	TYPE O	F PREMISE	<u>s</u>
1 L C   V	DATE	IIIVIE	LOCATION	· · · · · · · · · · · · · · · · · · ·	COUNTY			ghway, hosp	ital, etc.)
NJURY OR ONSET						ON THE J	OB?		
OF ILLNESS						□NO			
AST SEEN			(By whom: Name and Address)						
DEATH									
FOUND DEAD BY			(By whom: Name and Address or Title	)					
POLICE NOTIFIED			POLICE AGENCY:			OFFICER:			
CORONER/M.E. NOTIFIED			(By whom: Name and Address)						
IEW OF BODY									NOT VIEWE
WITNESS		(Na	me)	(	Address)		В	LOOD SAM	PLE DRAWN:
TO INJURY OR ILLNESS								Yes	
AND DEATH								Why not?: _	
,			MAN	NER OF DEA	TH				
NATURAL		HOMICIDE	ACCIDENT	SUICIDE	UNKNO	WN	PENDIN	IG	
MEDICO-LEGA AUTOPSY AU	L		BABLE CAUSE OF DEATH:						bed herein I took charg
Yes	No	1		·····	the Mis	sissippi Code An	notated, and that	the information o	eath in accordance wi ontained herein regar owledge and belief.
					_			·	
PATHOLOGIS	<u>T:</u>	2. Du	ue to:			(Signa	ature of Coroner	or Medical Exam	niner)
OTHER AUTO	IPSV DONE		ibuting factor:						
			M.S.M.E		(Date	Signed)	(Cou	enty)	(Your Number
Yes	□ No	_							
**** <u>IS</u> <u>DE</u>	CEDENT	AN ORGA	AN DONOR?	YESN	IO (Please	ask fa	amily w	hen at	all possib
		KIDNEY	EYE		ANY NEE	DED OR	GAN		
	חזח ץ		Y TRANSPLANT TE	EAM? YES			), WHO	מחזח	
F DONOR					~ 140	41 14/	, wild		

	REASON FOR ASS			RISDICTION (Check	<del></del>			
HOMICIDE SUICIDE		SONING [	POLICE CUSTODY	☐ PUBLIC HEALTH HAZARD	SURGICAL PROCEE	L/ANESTHETIC DURE		
TRAUMA		USPICIOUS	LOCAL/OTHER	SUDDEN/UNEXPECTED				
	MEANS OF DE	ATH (Agency o	r Object)—IF DEATH	OTHER THAN NAT	TURAL			
IF MOTOR VEHICLE INVOLVED	Passenger St	p Belt Used noulder Belt Used ash Helmet Worn	elt Used Non-HighwayTruck			Farm Vehicle Other		
IF GUN	Rifle — Cal. Handgun — Cal. Shotgun — Gau. Unknown Type	Smudgi	ing Stellate			_ Upper Arms _ Lower Arms _ Hands _ Other		
IF INSTRUMENT: Blunt	What Kind:	TYPE & L	OCATION OF INJURIES:					
☐ Sharp  IF  DRUG,  POISON,  CHEMICAL  (Suspected)	Unknown Kind  Alcohol Other Drugs, Chemical or Poison (Specify by Name) Unknown	REMARKS/SYMPTO	DMS:		Ingested Injected Inhaled	Topical Other Unknown		
CONDITION:		М	EDICAL HISTORY					
Alcoholism Cancer Diabetes Drug Abuse Lung Disease NARRATIVE SU	Seizure (specify) Other (specify)	Where treated:		TH (Add sheet if need	ded):			
Funeral Home:	Next of Kin:							



ME-1

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Central Office Use Only
(Date of Receipt)
(DOD Code)
(COD Code)
(COD Code)
(COD Code)

								ļ <del></del> -	DOD Code)
DECEDENT	(First	Name)	(Middle Name)	(	Last Name)	(Jr., Sr.	, III, etc.)		
								(	COD Code)
ADDRESS:	(Number	& Street or Route, B	ox No.)	(City, State)		(County)		(ME	Case Number)
		INFOE	RMATION ABOUT DEC	PEDENT AN	D DESCRIPT	ION OF F	RODY		<del>-</del>
AGE (If less than 2	2 vrs	SEX	CLOTHING		IPERATURE	BLOOD	FROTH	OCCUPA	TION
give months	& days)	☐ Male	Clothed	Warm	H EMPATORIE	Nose	Presen	/Diagon fill in	
		Female	Partly Clothed	Cool		Mouth	Absent	TYPE OF	WORK:
Date of Birth	7 /	Undetermine	- '	Cold		Ears	_		
MARITAL ST	ATUS	HEAD-HAIR	EYES:		(if taken)	Clothing	9	(Evample: me	- Abini-e
Married	1100	None	Color —	RIGOR		■ None		(Example: ma typists, firem	an, farmer,
Never Marrie	ď	Partly Bald	RL	(Circle Deg	ree)	OTHER		salesman, ho	memaker)
Widowed	·u	Blonde	WEIGHT:	Neck 0	<del></del>	(Dirt, wat	er, etc.)	INDUST	RY:
Divorced				Arms 0	1+ 2+ 3+	Nose		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••
Separated		∐ Brown	LENGTH:	Legs 0	1+ 2+ 3+	☐ Mouth			
		Red	<u></u>			Ears		(Example: tex banking, fire	
Unknown		Black		LIVOR		■ None		farming, insu	
RACE		Grey	MISCELLANEOUS:	Color		DECOMP	OSITION	home)	
White		White		Fixed? TY	es 🔲 No	☐ Early		□ No Occ	cupational
Black		OTHER HAIR		Anterior		Advanc	ed		mation
Hispanic		Mustache		Posterior		None			
Other		Beard	Circumcised	Lateral					
			INFORMATIO	N ABOUT O	CCURRENCE				
ITEM	DATE	TIME	LOCATION		COUNTY	TYPE OF PREMISES (Home, farm, highway, hospital, etc.)			
N. W.D.V						ON THE J		ignway, nospi	itai, etc.,
NJURY OR ONSET						☐ YES			
OF ILLNESS						□NO			
LAST SEEN ALIVE			(By whom: Name and Address)						
DEATH									
FOUND			(By whom: Name and Address or Title)						
DEAD BY									
POLICE NOTIFIED			POLICE AGENCY:			OFFICER:			
CORONER/M.E.			(By whom: Name and Address)						
NOTIFIED									
VIEW OF BODY								1	NOT VIEWE
WITNESS		(Na	me)		(Address)		9	LOOD SAME	LE DRAWN:
TO INJURY OR ILLNESS								Yes	
AND DEATH							[	] Why not?: _	
	·		MAN	NER OF DE	ATH				
NATURAL		HOMICIDE	ACCIDENT	SUICIDE	UNKNO	WN	PENDI	NG	
MEDICO-LEGA	AL	PROI	BABLE CAUSE OF DEATH:		I hereb	y certify that after	receiving notice	of the death describ	ed herein I took char
Yes	No	1			the Mis	sissippi Code An	notated, and tha		ntained herein rega
PATHOLOGIS	<b>T</b> .	2 Du	ue to:						
ATTIOLOGIS	L:	2. 00				(Signa	ture of Corone	r or Medical Exam	iner)
			ibuting factor:						,
OTHER AUTO	DPSY DONE	<b>:</b>	исиг		(Date	Signed)	(Co	unty)	(Your Numbe
Yes	☐ No		M.S.M.E.						_
**** <u>IS</u> <u>DE</u>	CEDENT	AN ORGA	AN DONOR?	YES	NO (Please	e ask fa	mily w	hen at a	ıll possib
		KIDNEY	EYE		ANY NEE	DED OR	GAN		
F DONOR	DID Y		Y TRANSPLANT TE	AM? Y	ES NO		O, WHO	DID?	
	, ,				_~ 110		_, ~		

Send original to the State Medical Examiner. Copies must be forwarded to County Clerk of Court.

	REASON FOR ASS	SUMING MEDIC	AL EXAMINER JUI	RISDIC	CTION (Check			
HOMICIDE		ISONING _	POLICE CUSTODY	_	BLIC HEALTH		GICAL/ANESTHETIC	
SUICIDE [		KNOWN OR SUSPICIOUS	STATE LOCAL/OTHER		AZARD DDEN/UNEXPECTEI		OCEDURE FTENDED	
		ATH (Agency o	r Object) – IF DEATH	+ OTH	ER THAN NAT			
	<del></del>	ap Belt Used	☐ Hit-Run		Passenger Car	Farm Vehicle		
IF MOTOR VEHICLE	Passenger S	houlder Belt Used	Non-Highway		Truck	Other		
INVOLVED		rash Helmet Worn			☐ Motorcycle			
	Other	<del></del>		1 10017	Motorbike			
	Rifle – Cal.				TION OF WOUNDS Head		Upper Arms	
IF GUN	☐ Handgun — Cal ☐ Shotgun — Gau	1 = -	Smudging Stellate Abrasion Collar Surg. Treated Round Other			- :	Lower Arms	
GON	Unknown Type	I —				•	Hands Other	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TVPE & I	OCATION OF INJURIES:		Abdomen	_ Feet	Other	
IF INSTRUMENT:	What Kind:		OCATION OF INJURIES:					
Blunt								
Sharp	Unknown Kind							
IF	Alcohol	REMARKS/SYMPTO	OMS:			_ Ingeste	•	
DRUG, POISON.	Other Drugs, Chemical or Poison					Injected		
CHEMICAL	(Specify by Name)						CIIKIIOWII	
(Suspected)	Unknown							
CONDITION:		М	EDICAL HISTORY					
Alcoholism	Fractures							
Cancer Diabetes	Heart Disease Seizure (specify)							
Drug Abuse	Other (specify)							
Lung Disease	IMMARY OF CIRCU	Medications:	IDDOLLA DE LA	<b></b>				
							-	
Funeral	Next of Kin:							
Home:								